



Northampton Aquatic & Family Center
at JFK Middle School, 100 Bridge Road, Florence, MA 01062

Beginners Yoga

Session III Winter 2018

Instructor Beth will break down a variety of yoga poses to teach participants how to better align their bodies. Explore breathing and meditation techniques to help quiet your mind.

MONDAY EVENING CLASSES: 6:00 - 7:00 PM

Location: Aquatic & Family Center

Session III: February 12 – April 9 (8 Classes)
(No class February 19)

Fee: \$55 /\$60 /\$70

(Walk in fee: \$8 / \$10 / \$12)

Fees listed in the order of AFC Member / Resident / Non-Resident

Participants will need to provide their own yoga mat.

Registrations accepted at the AFC at JFK Middle School, 100 Bridge Road, Florence, MA 01062
Mon-Fri 4:00-8:00pm & Sat 10am-5pm and Sun 11:00am-4:30pm, 587-1046
or

Northampton Parks & Recreation Department, 100 A Bridge Road, Florence MA 01062
Mon-Fri 8:30am-4:30pm 587-1040
www.northamptonma.gov/recreation

REGISTRATION FORM ON REVERSE SIDE

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

DO NOT USE this form for Summer Day Camps, Youth & Adult Sports, or Birthday Party registrations: Download those packets at www.northamptonma.gov/recreation

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

☐ New to Northampton
Parks & Recreation

☐ I have updated my
Information

ADULT 1

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

ADULT 2

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____) _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐

No ☐

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Date of Birth _____ School _____

Current Grade _____ or

Grade in Fall _____ for
programs after June

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Date of Birth _____ School _____

Current Grade _____ or

Grade in Fall _____ for
programs after June

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PASS PURCHASE

Pass	Pass Type	Pass Length	Fee	TOTAL AMOUNT DUE
Aquatic Center Musante Beach	Res: Adult Family Senior Youth Non-Res Adult Family Senior Youth	6 Month 12 Month Beach Pass	\$	\$

Pass Holder's Name(s)	Male/Female	DOB	Pass/Tag# Issued	Special Considerations/Comments (Use back if necessary)
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____

Charge my VISA ____ Master Card ____ Discover ____ Card # _____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____
Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____